WISCONSIN DEPARTMENT OF HEALTH SERVICES
PROPOSED ORDER TO ADOPT PERMANENT RULES

The Wisconsin Department of Health Services proposes an order to **repeal** DHS 105.52 (1) (k) and (L); **renumber and amend** DHS 105.52 (2) (a) 9. And (3); **consolidate, renumber, and amend** DHS 105.52 (2) (b) (intro.) and 1.; **repeal and recreate** DHS 105.52 (1) (g), (4) (d), **amend** DHS 105.52 (2) (a) 6. and 8., (b) 2. and 3., (4) (intro.) and (h) and (i), (5) (title) and (b) and (e),107.34 (1) (a) 1. and 2., (b), (c) (title), (c), (d) (intro.) and 1. to 7., and (e) 1. and 2. (intro.), a. and b., (f) (intro.) and 1. to 9., and (g) (intro.) and 1. to 6., (2) (a) to (e), (3) (a) 1. to 4., and (b) to (e); and **create** DHS 105.52 (2) (a) 9. a. and b. and 10. to 12., (c) and (d), (2m), (3) (a) and (b), (3m), (4) (c) 10c. and 10v., (j) to (m), (6), (7), 105.525, 107.34 (1) (e) 2. am., (3) (g) to (L), and 107.345, relating to prenatal care coordination services child care coordination services under the medical assistance program.

RULE SUMMARY

Statutes interpreted
Section 49.45 (2) (a) 1., 2., 11,, and 12., (3) (f) 2., and (44), Stats.
Section 49.46 (1) (a) lm., (j), and (2) (b) 12. and 12m., Stats.
Section 49.47 (4) (ag) 2., Stats.
Section 49.471 (6) (b), (7) (b) 1. and 2., Stats.

Statutory authority
The department is authorized to promulgate the proposed rules based on explicit authority in ss. 49.45 (10), 49.471 (12), and 227.11 (2), Stats.

Explanation of agency authority
The department's authority to administer medical assistance ("MA") is provided in s. 49.45, Stats. Section 49.45 (2) (a) s. 49.45, Stats., lists the department's duties in administering the state MA program, including all of the following relevant obligations:

- Exercising responsibility relating to fiscal matters and eligibility for benefits under ss. 49.46 to 49.471, Stats. Section 49.45 (2) (a) 1., Stats.
- "[C]ooperat[ing] with federal authorities for the purpose of providing assistance and services under Title XIX to obtain the best financial reimbursement available to the state from federal funds." Section 49.45 (2) (a) 2., Stats.
- Establishing criteria for the certification of providers of medical assistance and promulgating rules to implement that authority. Section 49.45 (2) (a) 11, Stats.
- Decertifying or restricting providers from participating in MA if, after providing appropriate due process, the provider has violated relevant laws and regulations, and promulgating rules to implement this authority. Section 49.45 (2) (a) 11.

Subsection (3) of s. 49.45, Stats., relating to payment, requires that providers of MA maintain records as required by the department for verification of provider claims for reimbursement, and further authorizes the department to deny claims for reimbursement that cannot be verified, and to recover "the full value of any claim" if an audit determines that the actual provision of services cannot be verified or that the service was not covered. Section 49.45 (3) (f) 2., Stats. Subsection (10) of s. 49.45, Stats., further

authorizes the department to “promulgate such rules as are consistent with its duties in administering medical assistance” as detailed in the above-cited provisions of s. 49.45, Stats.

Section 49.46 (2). Stats., lists benefits for which “the department shall audit and pay allowable charges to certified providers for medical assistance on behalf of recipients.” Section 49.46 (2) (b) 12. and 12m. identify prenatal care coordination ("PNCC") and child care coordination ("CCC") as MA reimbursable services. Sections 49.46 (1) (a) lm., (j), (2) (b) 12m, and 49.471 (7) (b) 1. and 2., describe eligibility criteria for care coordination services for prenatal and postpartum women and children. Subsection (44) of s. 49.45, Stats., states that certain individuals certified to provide PNCC services who are located in Milwaukee County or the city of Racine may be certified to provide CCC services. Certified CCC providers in Milwaukee County may provide services to children under age 7. Certified CCC providers in the city of Racine may provide services to children under age 2.

Section 49.471, Stats., includes provisions for BadgerCare Plus related to eligibility criteria. Subsection (12) of the statute authorizes the “department to promulgate any rules necessary for and consistent with its administrative responsibilities under this section, including additional eligibility criteria.”

Related statute or rule
The following federal statutes and rules directly relate to or address PNCC and CCC: 42 CFR 440.169, 42 CFR 441.18.

Plain language analysis
In accordance with ss. 49.45 (2) (a) 11. and 12., and 49.46 (2) (b) 12. Stats., the department established certification criteria for PNCC providers in s. DHS 105.52, and identified covered PNCC services in s. DHS 107.34. Previously, certified PNCC providers in Milwaukee County and the City of Racine were automatically certified to provide CCC services, and rules did not contain specific CCC certification criteria or identify which specific services were covered under the CCC benefit.

Due to substantiated concerns about fraud, waste, and abuse among providers of the CCC benefit, the department ceased certifying CCC providers in accordance with a federal moratorium restricting PNCC and CCC enrollments. Enrollments ceased on November 10, 2023.

In order to mitigate the risk of future fraud, waste, and abuse within future PNCC or CCC provider enrollment and reimbursement for services, the department proposes rules for both programs to effectuate the intent of ss. 49.45 (44) and 49.46 (2) (b) (12m), Stats. Broadly, the proposed rules will achieve the following:

- Update PNCC certification criteria and documentation requirements in accordance with the department's authority to set certification criteria under s. 49.45 (2) (a) 11., Stats., and to set records retention requirements under s. 49.45 (3), Stats.
- Update the duration for which PNCC services are covered to align with statutes.
- Update which services are and are not covered under the PNCC benefit.
- Create CCC certification criteria and documentation requirements in ac accordance with the department's authority to set certification criteria under s. 49.45 (2) (a) 11., Stats., and to set

records retention requirements under s. 49.45 (3), Stats. These criteria would apply in addition to PNCC criteria for applicable providers under s. 49.45 (44), Stats.

- Identify which services are and are not covered under the CCC benefit.

Summary of, and comparison with, existing or proposed federal regulations
The Social Security Act, s. 1915(g)(1), authorizes medical assistance program coverage of case management services. s.1915(g)(2) defines case management services as those assisting individuals eligible under the State plan in gaining access to needed medical, social, educational, and other services.

42 CFR § 440.169 and 42 CFR § 441.18 include requirements for covered case management services and providers.

42 CFR 440.210(a)(2) requires that state medical assistance programs provide, for the categorically needy, pregnancy-related services and services for other conditions that might complicate the pregnancy, including prenatal and postpartum care. 42 CFR § 435.170 extends the eligibility for pregnant women under the MA program.

Comparison with rules in adjacent states

Illinois: As of August 2023, the state has rules related to Family Case Management for comprehensive service coordination for pregnant women and infants until 12 months of age. Rules are outlined under Title 77 Illinois Administrative Code Part 630 (Maternal and Child Health Services), 325 ILCS 5 (Abused and Neglected Child Reporting Act), 405 ILCS 95 (Perinatal Mental Health Disorders Prevention and Treatment Act), and 410 ILCS 212 (Illinois Family Case Management Act).

Iowa: As of August 2023, the state has rules under chapter 441 Iowa Administrative Code Chapter 24 for targeted case management provider accreditation. Case Management services are defined under Iowa Administrative Code 441- 90.

Michigan: As of August 2023, there is no Administrative Code found regarding Michigan's coverage of Maternal Infant Health Program, but it is found in their Medicaid Provider Manual that outlines their provision of the program which is similar to PNCC.

Minnesota: Pregnant women are eligible for services under MA under Minn. Stat. ss. 256B.055 subd. 6. and 256B.057 subd. 1. until 12 months postpartum. Minnesota does not appear to have a special program targeted to specific parts of the state like CCC, but "child welfare targeted case management services" are identified in Minn. Stat. s. 256B.094.

Summary of factual data and analytical methodologies
In accordance with s. 227.13, Stats., the department conducted informal consultation and gathered feedback from providers working with a variety of partner organizations. These included federally qualified health centers, county health organizations, and private case management providers, representing a mix of private and public providers. All feedback from the informal consultations was considered by the department and incorporated, as appropriate. Further, the department referenced current federal benefit coverage practice outlined in the Social Security Act under § 1915(g)(2).

Analysis and supporting documents used to determine effect on small business
The most notable effect on small businesses will primarily relate to new administrative rule requirements for providers, specifically background checks for all staff, compliance with fit and qualified criteria for owners and principals, and the need for ongoing training and documentation. During informal consultations with the department, providers indicated that they already conduct background checks on

staff and would therefore not expect a significant financial impact resulting from these requirements, but anticipate some administrative impact with respect to required background checks, fit and qualified determinations, operational and training plans, and qualified professional requirements. Furthermore, there is no change in the reimbursement amount paid to providers and there is no expected change in utilization as this benefit is simply going from fee-for-service ("FFS") responsibility to the responsibility of both FFS and MA health maintenance organizations. Therefore, there is no expected increase or decrease in Medicaid expenditures.

Effect on small business
Based on the foregoing, the proposed rules may have a moderate economic impact on small businesses.

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Statement on quality of agency data
The data used by the Department to prepare these proposed rules and analysis comply with s. 227.14 (2m), Stats.

Place where comments are to be submitted and deadline for submission
Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The notice of public hearing and deadline for submitting comments will be published in the Wisconsin Administrative Register and to the department's website, at https://www.dhs.wisconsin.gov/rules/active-rulemaking-projects.htm. Comments may also be submitted through the Wisconsin Administrative Rules Website, at: https://docs.legis.wisconsin.gov/code/chr/active.

RULE TEXT

SECTION 1. DHS 105.52 (1) (g) is repealed and recreated to read:

DHS 105.52 (1) (g) A home visiting program under 42 USC 711.

SECTION 2. DHS 105.52 (1) (k) and (L) are repealed.

SECTION 3. DHS 105.52 (2) (a) 6. And 8. are amended to read:

DHS 105.52 (2) (a) 6. A dietitian certified or eligible for registration by the commission on dietetic registration of the ~~American dietetic association~~ academy of nutrition and dietetics with at least 2 years of community health experience~~;~~.

DHS 105.52 (2) (a) 8. An employee with at least a bachelor's degree and 2 years of experience in a health care or family services program~~; or~~.

SECTION 4. DHS 105.52 (2) (a) 9. is renumbered DHS 105.52 (2) (a) 9. (intro.) and amended to read:

DHS 105.52 (2) (a) 9. A health educator with ~~a master's degree in health education and at least 2 years of experience in community health services.~~ either of the following:

SECTION 5. DHS 105.52 (2) (a) 9. a. and b. are created to read:

DHS 105.52 (2) (a) 9. a. A certified health education specialist credential.

b. A master's degree in health education and at least 2 years of experience in community health services.

SECTION 6. DHS 105.52 (2) (a) 10. to 12. are created to read:

DHS 105.52 (2) (a) 10. A doula with at least 4 years of experience providing care coordination and either of the following:

a. Certification by a department approved doula certification program.

b. Necessary training in, experience providing, doula services.

11. A certified non-nurse midwife.

12. A licensed clinical social worker certified under ch. 457.08(4), Stats.

SECTION 7. DHS 105.52 (2) (b) (intro.) and 1. are consolidated, renumbered DHS 105.52 (2) (b) (intro.), and amended to read:

DHS 105.52 (2) (b) *Required qualified professionals.* To be certified to provide prenatal care coordination services that are reimbursable under MA, the prenatal care coordination provider agency under sub. (1) shall:

~~1. Employ~~ employ at least one qualified professional with at least 2 years of experience in coordinating services for at-risk or ~~low income~~ low-income women~~;~~ and have both of the following:

SECTION 8. DHS 105.52 (2) (b) 2. and 3. are amended to read:

DHS 105.52 (2) (b) 2. ~~Have on staff, under contract or available in a volunteer capacity a qualified professional~~ The necessary skills to supervise ~~risk~~ needs assessment and ongoing care coordination and monitoring~~; and~~.

3. ~~Have on staff, under contract or available in a volunteer capacity one or more qualified professionals with the~~ The necessary expertise, based on education or at least one year of work experience, to provide health education and nutrition counseling.

SECTION 9. DHS 105.52 (2) (c) and (d) are created to read:

DHS 105.52 (2) (c) *Duties of a qualified professional*. Qualified professionals shall do all of the following:

1. Supervise tasks assigned to care coordinators.

2. Administer or review and sign each comprehensive assessment and assessment update performed.

3. Develop the individualized plan of care based on the needs identified in the assessment.

4. Confer as required with the care coordinator regarding the member's progress towards identified goals and outcomes.

5. Provide health education and nutritional counseling services.

(d) *Division of duties for multiple qualified professionals.* If a prenatal care coordination provider agency has on staff or under contract more than one qualified professional with at least 2 years of experience coordinating services for at-risk or low income women, then the duties required under 105.52(2)(c) may be assigned to specific qualified professionals dependent on their education or experience under 105.52(2)(b)1 or 105.52(2)(b)2 and as identified in the training plan.

SECTION 10. DHS 105.52 (2m) is created to read:

DHS 105.52 (2m) QUALIFICATIONS AND DUTIES OF CARE COORDINATORS.

(a) *Qualifications*. Care coordinators shall have all of the following qualifications:

1. Be trained under s. DHS 105.52 (6) in the provision of prenatal care coordination services, and in each skill that the care coordinator is assigned under s. DHS 105.52(4)(k).
2. Provide documentation of required training to the prenatal care provider for the provider's records;
3. Have the skills, education, experience and ability to fulfill the employee's job requirements.
4. Be at least 18 years old.

(b) *Duties*. Care coordinators shall do all of the following:

1. Perform tasks assigned by the qualified professional supervisor.
2. Report in writing to the qualified professional supervisor on each comprehensive assessment and assessment update administered.
3. Confer as required with the qualified professional supervisor regarding the member's progress towards identified goals and outcomes.

SECTION 11. DHS 105.52 (3) is renumbered DHS 105.52 (3) (intro.) and amended to read:

DHS 105.52 (3) SUFFICIENCY OF AGENCY CERTIFICATION. Individuals employed by or under contract with ~~a~~an provider agency that is certified to provide prenatal care coordination services under this section may provide prenatal care coordination services upon the department's issuance of certification to the agency. The agency shall ~~maintain a list of all persons who provide or supervise the provision of prenatal care coordination services. The list shall include the credentials of each named individual who is qualified to supervise risk assessment and ongoing care coordination under sub. (2) (b) 2. and to provide health education or nutrition counseling under sub. (2) (b) 3. Upon the department's request, an agency shall promptly report to the department in writing the names of persons hired to provide prenatal care coordination services under MA and the termination of employees who have been providing prenatal care coordination services under MA.~~ do all of the following:

SECTION 12. DHS 105.52 (3) (a) and (b) are created to read:

DHS 105.52 (3) (a) At the time of hire or contract, and every 4 years after, conduct and document a background check for all care coordinators and qualified professionals following the procedures in s. 50.065, Stats., and ch. DHS 12.

(b) Maintain a list of all persons who provide or supervise the provision of prenatal care coordination services. The list shall include the credentials of each named individual who is qualified to supervise needs assessment and ongoing care coordination under sub. (3) (b) and (c). A prental coordination provider shall report to the department in writing within 10 business days the names of qualified professionals hired to provide prenatal care coordination services and the termination of qualified professional employees who provided prenatal care coordination services.

SECTION 13. DHS 105.52 (3m) is created to read:

DHS 105.52 (3m) FIT AND QUALIFIED DETERMINATION.

(a) In this subsection:

1. "Applicant" means the person seeking MA certification as a prenatal care coordination services provider.
2. "Principal" means an administrator or a person with management responsibility for the agency who owns directly or indirectly 5% or more of the shares or other evidences of ownership of a

corporate applicant, a partner in a partnership which is an applicant, or the owner of a sole proprietorship which is an applicant.

(b) An applicant may not be certified under this section unless the department determines that the applicant and any principal with the agency are fit and qualified to provide prenatal care coordination services, considering all of the following:

1. Whether the applicant or any principal with the agency have convictions for a crime involving any of the following:
   a. Neglect or abuse of patients.
   b. Assaultive behavior or wanton disregard for the health and safety of others.
   c. Delivery of health care services or items.
   d. Misappropriation, theft, or fraud.
2. Whether the applicant or any principal with the agency has a finding of abuse or neglect of a client, or misappropriation of client property under s. 146.40 (4r) (b), Stats.
3. The applicant and any principal with the agency's financial stability, including outstanding debts or amounts due to the department or other government agencies, including unpaid forfeitures and fines, that resulted in bankruptcy under chapter 11 of the United States Bankruptcy Code.
4. Whether the applicant and any principal with the agency has experience through education or at least one year of continuous work experience in child health and family services.

SECTION 15. DHS 105.52 (4) (intro.) is amended to read:

DHS 105.52 (4) ADMINISTRATIVE RECORDS AND REQUIRED DOCUMENTATION. To be certified to provide prenatal care coordination services ~~reimbursable under MA~~ under this section, the prenatal care coordination ~~agency~~ provider under sub. (1) shall comply with s. DHS 106.02 (9) and shall submit a plan of operation to the department ~~documenting~~ and implement the plan, once certified. The plan of operation shall demonstrate all of the following:

(a) That the ~~agency~~ provider is located in the area it will serve~~;~~.

(b) That the ~~agency~~ provider has a variety of techniques to identify low-income pregnant women~~;~~.

(c) That, at a minimum, the ~~agency~~ provider has the name, location and telephone number of the following resources in the area to be served:

SECTION 14. DHS 105.52 (4) (c) 10g. and 10r. are created to read:

DHS 105.52 (4) (c) 10g. Food programs.

10r. Housing resources and programs.

SECTION 15. DHS 105.52 (4) (d) is repealed and recreated to read:

DHS 105.52 (4) (d) That the provider coordinate with other health and social service agencies in the service area, including but not limited to managed care providers and community resource providers, to avoid duplication of services and to facilitate coordination of prenatal care services to members.

SECTION 15. DHS 105.52 (4) (h) and (i) are amended to read:

DHS 105.52 (4) (h) That the ~~agency~~ provider has the capability to provide ongoing prenatal care coordination monitoring of ~~high-risk~~ pregnant ~~women~~ MA members and to ensure that all necessary services are obtained~~; and~~.

(i) That the ~~agency~~ provider has ~~on staff, under contract or available in a volunteer capacity, individuals who are~~ hired or contracted at least one qualified professional meeting the criteria in sub. (2) ~~(a) with the expertise required under sub.(2) (b)~~.

SECTION 16. DHS 105.52 (4) (j) to (m) are created to read:

DHS 105.52 (4) (j) The entire service provision process including referrals, service delivery, assessment, care planning, and follow-up activities.

(k) The provider's personnel management and training plan, as required under sub. (6).

(L) The provider's quality assurance procedures and documentation requirements.

(m) That the provider has adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days**.**

SECTION 17. DHS 105.52 (5) (title) (b) and (e) are amended to read:

DHS 105.52 (5) ~~RECIPIENT~~ MEMBER RECORD.

DHS 105.52 (5) (b) Completed ~~needs~~ risk assessment document~~;~~.

DHS 105.52 (5) (e) A written record of all ~~recipient~~ member-specific prenatal care coordination monitoring which includes, but is not limited to: the dates of service, description of service provided, the staff person doing the monitoring, the contacts made, the length of time, and the results~~;~~.

SECTION 18. DHS 105.52 (6) is created to read:

DHS 105.52 (6) PERSONNEL MANAGEMENT. The prenatal care coordination provider shall document and implement a personnel management system and training plan that includes all of the following:

(a) The provider's plan to hire, support, and train staff to provide services that are family centered and culturally appropriate.

(b) If more than one qualified professional or care coordinator is employed or under contract with the provider, all of the following:

1. A process for periodically evaluating every care coordinator and qualified professional supervisor employed by or under contract with the provider in accordance with the provider's quality assurance procedures.
2. A process for following up on all evaluations with appropriation action to ensure the employee can competently perform all assigned duties.

(c) A requirement that no employee or subcontractor may be assigned any duty for which they are not trained. The prenatal care coordination provider shall provide or arrange for training of employed or subcontracted care coordinators as necessary.

(d) Procedures for ensuring all qualified professionals and care coordinators receive orientation and on-going instruction. The procedures shall include:

1. Requirements that orientation and training shall be completed by a qualified professional or care coordinator before they provide services to a member.
2. The names and titles of persons responsible for conducting orientation and training.
3. Dates of the trainings and a description of the course content and length of training.
4. Topics covered in orientation, which shall include training on all of the following, at minimum:
    a. The goals, mission, and priorities of the provider.

b. Specific job duties, including each skill the care coordinator is assigned and a successful demonstration of each skill by the care coordinator to a qualified trainer under the supervision of the qualified professional supervisor. Each job duty must be successfully demonstrated under supervision prior to providing the service to a member independently. The qualified professional or qualified trainer shall document the care coordinator's successful demonstration of each skill and maintain the information in their personnel file.

c. The functions of care coordinator by provider and how they interrelate and communicate with each other in providing services.

d. Health and safety procedures for working in a home environment.

e. Responding to medical and non-medical emergencies.

f. Ethics, confidentiality of member information, and member rights.

5. A process for providing instruction when an evaluation of the qualified professional's or care coordinator's performance or competency indicates additional instruction may be needed.

(e) Standards for qualified professional supervision of services rendered by a care coordinator, including the frequency and duration of supervision. When supervision reveals a failure to follow the member's care plan, the prenatal care coordination provider shall provide counseling, education or retraining to ensure the care coordinator is adequately trained to complete their job responsibilities. In the case of prenatal care coordinators who are not employees of the prenatal care coordination provider, a plan specifying all required training, qualifications, and services to be performed in a written care coordinator provider contract between the prenatal care coordination provider and care coordinators, and maintain a copy of that contract on file.

(f) A process for documenting performance of care coordination services by care coordinators by maintaining time sheets of care coordinators which document the types and duration of services provided, by funding source.

(g) Requirements for ongoing training, including all of the following requirements:

1. A minimum of 5 hours of annual training for prenatal care coordination provider staff or contractors who have, or are expected to have, regular and direct contact with members. Annual training shall be related to maternal and child health, case management, or similar social service continuing education. Training may be in-service training, conferences, workshops, earning of continuing education credits or earning of higher education credits.

2. A process for required additional training, as identified by the supervising qualified professional.

3. A process for documenting staff completion of ongoing training requirements in the employee's file.

SECTION 19. DHS 105.52 (7) is created to read:

DHS 105.52 (7) AGENCY CLOSURE OR DISCHARGE OF MEMBER.

(a) Any prenatal care coordination provider that intends to close shall provide written notice to each member, the member's legal representative, if any, the member's attending physician and the department at least 30 business days before closure.

(b) The prenatal care coordination provider shall provide assistance to members in arranging for continuity of necessary services. This includes, but is not limited, to coordination with other prenatal care coordination providers to ensure necessary services identified in the care plan are sustained or initiated.

SECTION 20. DHS 105.525 is created to read:

DHS 105.525 Child care coordination providers.

(1) PREREQUISITES. For MA certification, an agency that provides child care coordination services under s. DHS 107.345 (1) shall:

(a) Be an agency under s. DHS 105.52 (1) (a) to (d) or (f) to (o) that is certified to provide prenatal care coordination services. An agency providing services to residents of the city of Racine shall also participate in a program to reduce fetal and infant mortality and morbidity under s. 253.16, Stats.

(b) Render services to one of the following groups:

1. Members who are residents of Milwaukee County.
2. Members who are residents of the city of Racine.

(2) QUALIFIED PROFESSIONALS.

(a) *Qualifications.* In this section, "qualified professional" means any of the following:

1. A nurse practitioner licensed as a registered nurse pursuant to s. 441.06, Stats., and currently certified by the American nurses' association, the national board of pediatric nurse practitioners and associates.
2. A public health nurse meeting the qualifications of s. DHS 139.08.
3. A physician licensed under ch. 448, Stats., to practice medicine or osteopathy.
4. A physician assistant certified under ch. 448, Stats.
5. A licensed clinical social worker certified under ch. 457.08(4), Stats.
6. A registered nurse with at least 2 years of experience in pediatric nursing or community health services or a combination of pediatric nursing and community health services.
7. An employee with at least a bachelor's degree and 2 years of experience in health promotion, health advocacy, health education, case management or care coordination, child/family social work, community outreach, or child welfare or related field.
8. An employee with Infant Mental Health Endorsement from the Alliance for the Advancement of Infant Mental Health or an affiliated state association.
   Note: All states affiliated with the Alliance for the Advancement of Infant Mental Health are listed at https://www.allianceaimh.org/members-of-the-alliance.
9. A health educator with either of the following:
   a. A certified Health Education Specialist credential from the National Commission for Health Education Credentialing.
   b. A master's degree in health education and at least 2 years of experience in health promotion, health advocacy, health education, case management or care coordination, child/family social work, community outreach, or child welfare or related field.

(b) *Required qualified professionals.* To be certified to provide child care coordination services that are reimbursable under MA, the child care coordination provider shall either employ or have under contract a minimum of one qualified professional. Each qualified professional employed or under contract with the provider must have all of the following:

1. At least 2 years of experience in coordinating services for at-risk or low income children and families.
2. The necessary skills to supervise needs assessment and ongoing care coordination and monitoring performed by paraprofessional care coordinators.

(c) *Duties.* Qualified professionals shall do all of the following:

1. Supervise tasks assigned to care coordinators.
2. Administer or review and sign each comprehensive assessment and assessment update performed.

3. Develop the individualized plan of care based on the needs identified in the assessment.
4. Confer as required with the care coordinator regarding the member's progress towards identified goals and outcomes.

(3) QUALIFICATIONS AND DUTIES OF CARE COORDINATORS.

(a) *Qualifications.* Care coordinators shall have the following qualifications:

1. A minimum of a high school diploma or GED.
2. Have the skills, education, experience and ability to fulfill the employee's job requirements.
3. Be at least 18 years old.

(b) *Duties.* Care coordinators shall do all of the following:

1. Perform tasks assigned by the qualified professional supervisor.
2. Report in writing to the qualified professional supervisor on each comprehensive assessment and assessment update administered.
3. Confer as required with the qualified professional supervisor regarding the member's progress towards identified goals and outcomes.

(4) SUFFICIENCY OF AGENCY CERTIFICATION. Individuals employed by or under contract with a child care coordination provider may provide child care coordination services upon the department's issuance of certification to the child care coordination provider under this section. In order to obtain and maintain certification, the child care coordination provider shall do all of the following:

(a) At the time of hire or contract, and every 4 years after, conduct and document a background check for all care coordinators and qualified professionals following the procedures in s. 50.065, Stats., and ch. DHS 12.

(b) Maintain a list of all persons who provide or supervise the provision of child care coordination services. The list shall include the credentials of each named individual who is qualified to supervise needs assessment and ongoing care coordination under sub. (3) (b) and (c). A child care coordination provider shall report to the department in writing within 10 business days the names of qualified professionals hired to provide child care coordination services and the termination of qualified professional employees who provided child care coordination services.

(5) FIT AND QUALIFIED DETERMINATION.

(a) In this subsection:

1. "Applicant" means the person seeking MA certification as a child care coordination services provider.
2. "Principal" means an administrator or a person with management responsibility for the agency who owns directly or indirectly 5% or more of the shares or other evidences of ownership of a corporate applicant, a partner in a partnership which is an applicant, or the owner of a sole proprietorship which is an applicant.

(b) An applicant may not be certified under this section unless the department determines that the applicant and any principal with the agency are fit and qualified to provide child care coordination services, considering all of the following:

1. Whether the applicant or any principal with the agency have convictions for a crime involving any of the following:
   a. Neglect or abuse of patients.
   b. Assaultive behavior or wanton disregard for the health and safety of others.
   c. Delivery of health care services or items.
   d. Misappropriation, theft, or fraud.
2. Whether the applicant or any principal with the agency has a finding of abuse or neglect of a client, or misappropriation of client property under s. 146.40 (4r) (b), Stats.

3. The applicant and any principal with the agency's financial stability, including outstanding debts or amounts due to the department or other government agencies, including unpaid forfeitures and fines, that resulted in bankruptcy under chapter 11 of the United States Bankruptcy Code.

4. Whether the applicant and any principal with the agency has experience through education or at least one year of continuous work experience in child health and family services.

(6) ADMINISTRATIVE RECORDS AND REQUIRED DOCUMENTATION. To be certified to provide child care coordination services under this section, the child care coordination provider shall comply with provider conditions of participation in s. DHS 106.02 (9) and shall submit plan of operation to the department and implement the plan, once certified. The plan of operation shall demonstrate all of the following:

(a) That the provider is located in the area it will serve.

(b) That the provider has a variety of techniques to identify low-income children and families that are appropriate for services under this section.

(c) That the provider will provide the name, location, and telephone number of the following resources to individuals in the area to be served:

1. All of the resources identified in s. DHS 105.52 (4) (c) 1. to 10.
2. Food programs.
3. Housing resources and programs.
4. MA-certified primary care and pediatric providers, including health maintenance organizations participating in the medical assistance program’s HMO program.

(d) That the provider has the ability and willingness to deliver services and maintain documentation as provided in s. DHS 105.52 (4) (f)., and to arrange for supportive services as provided in s. DHS 105.52 (4) (g).

(e) That the provider has the capability to provide ongoing child care coordination monitoring for children and families and to ensure that all necessary services are obtained. This includes:

1. Coordinating with other health and social service agencies in the service area, including managed care providers and community resource providers, to avoid duplication of services and to facilitate coordination of child care services to members.
2. Coordinating with MA-certified primary and pediatric care providers in the service area to communicate the services the child care coordination provider renders, and documenting and retaining these contacts in the provider’s administrative records.

(f) That the provider hired or contracted at least one qualified professional meeting the criteria in sub. (2).

(g) The provider's process for referrals, service delivery, assessment, care planning, and follow-up activities.

(h) The provider's personnel management and training plan, as required under sub. (7).

(i) The provider's quality assurance procedures and documentation requirements.

(j) That the provider has adequate resources to maintain a cash flow sufficient to cover operating expenses for 60 days.

(7) PERSONNEL MANAGEMENT. The child care coordination provider shall document and implement a personnel management system and training plan, which shall include all of the following:

(a) The provider's plan to hire, support, and train staff to provide services that are family centered and culturally appropriate.

(b) If more than one qualified professional or care coordinator is employed or under contract with the provider, all of the following:

1. A process for periodically evaluating every care coordinator and qualified professional supervisor employed by or under contract with the provider's in accordance with the provider's quality assurance procedures.
2. A process for following up on all evaluations with appropriation action to ensure the employee can competently perform all assigned duties.

(c) A requirement that no employee or subcontractor may be assigned any duty for which they are not trained. The child care coordination provider shall provide or arrange for training of employed or subcontracted care coordinators as necessary.

(d) Procedures for ensuring all qualified professionals and care coordinators receive orientation and on-going instruction. The procedures shall include:

1. Requirements that orientation and training shall be completed by a qualified professional or care coordinator before they provide services to a member.
2. The names and titles of persons responsible for conducting orientation and training.
3. Dates of the trainings and a description of the course content and length of training.
4. Topics covered in orientation, which shall include training on all of the following, at minimum:
    a. The goals, mission, and priorities of the provider.
    b. Specific job duties, including each skill the care coordinator is assigned and a successful demonstration of each skill by the care coordinator to a qualified trainer under the supervision of the qualified professional supervisor. Each job duty must be successfully demonstrated under supervision prior to providing the service to a member independently. The qualified professional or qualified trainer shall document the care coordinator’s successful demonstration of each skill and maintain the information in their personnel file.
    c. The functions of the child care coordination provider staff and how they interrelate and communicate with each other in providing services.
    d. Health and safety procedures for working in a home environment.
    e. Responding to medical and non-medical emergencies.
    f. Ethics, confidentiality of member information, and member rights.
5. A process for providing instruction when an evaluation of the qualified professional's or care coordinator’s performance or competency indicates additional instruction may be needed.

(d) Standards for qualified professional supervision of services rendered by a care coordinator, including the frequency and duration of supervision. When supervision reveals a failure to follow the member's care plan, the child care coordination provider shall provide counseling, education or retraining to ensure the care coordinator is adequately trained to complete their job responsibilities.In the case of child care coordinators who are not employees of the child care coordination provider, a plan specifying all required training, qualifications, and services to be performed in a written care coordinator provider contract between the child care coordination provider and care coordinators, and maintain a copy of that contract on file.

(h) A process for documenting performance of care coordination services by care coordinators by maintaining time sheets of care coordinators which document the types and duration of services provided, by funding source.

(i) Requirements for ongoing training, including all of the following requirements:

1. A minimum of 5 hours of annual training for child care coordination provider staff or contractors who have, or are expected to have, regular and direct contact with members. Annual training shall be related to early intervention, education, case management, or similar social service continuing education. Training may be in-service training, conferences, workshops, earning of continuing education credits or earning of higher education credits.

2. A process for required additional training, as identified by the supervising qualified professional.

3. A process for documenting staff completion of ongoing training requirements in the employee's file.

(8) MEMBER RECORD. The child care coordination provider shall maintain a confidential file for each member receiving child care coordination services, which includes the following items required or produced in connection with provision of covered services under s. DHS 107.345 (1):

(a) A completed needs assessment.

(b) A care plan.

(c) Completed consent documents for release of information.

(d) A written record of all member-specific child care coordination monitoring, including the dates of service, description of service provided, the staff person doing the monitoring, the contacts made, the length of time, and the results of service provided.

(e) Documentation about any care coordination services provided immediately in urgent situations, including documentation regarding the circumstances and reasons for those services being rendered prior to the initial assessment and care plan.

(f) Documentation regarding referrals from a child care coordination provider to service providers including:

1. The name of the referred provider.
2. The reason for referral.
3. The date the referral was made
4. Any authorizations from the member for release of information.
5. All communication and follow-up on the referral with both the member and the referred provider.

(g) All pertinent correspondence relating to coordination of the member's care.

(9) AGENCY CLOSURE OR DISCHARGE OF MEMBER

(a) Any child care coordination provider that intends to close shall provide written notice to each member, the member's legal representative, if any, the member's attending physician and the department at least 30 business days before closure.

(b) The child care coordination provider shall provide assistance to members in arranging for continuity of necessary services. This includes, but is not limited, to coordination with other child care coordination providers to ensure necessary services identified in the care plan are sustained or initiated.

SECTION 21. DHS 107.34 (1) (a) 1. and 2., (b), (c) (title), (c), (d) (intro.) and 1. to 7., and (e) 1. and 2. (intro.) are amended to read:

DHS 107.34 (1) (a) 1. Prenatal care coordination services covered by MA are services described in this section that are provided by ~~an agency~~ a provider certified under s. DHS 105.52 or by a qualified person under contract with a provider ~~an agency~~ certified under s. DHS 105.52 to help a ~~recipient~~ member and, when appropriate, the ~~recipient~~ member's family gain access to medical, social, educational and other services needed for a successful pregnancy outcome. Nutrition counseling and health education are covered services when medically necessary to ameliorate identified high-risk factors for the pregnancy. In this subdivision, "successful pregnancy outcome" means the birth of a healthy infant to a healthy ~~mother~~ member.

2. Prenatal care coordination services are available as an MA benefit to ~~recipients~~ members who are pregnant, from the beginning of the pregnancy up to the ~~sixty-first day after delivery~~

duration allowed under s. 49.46 (1) (a) 1m., Stats., and who are at ~~high~~ risk for adverse pregnancy outcomes. In this subdivision, "~~high~~ risk for adverse pregnancy outcome" means that a pregnant ~~woman~~ member requires additional prenatal care services and follow-up because of medical or nonmedical factors, such as psychosocial, behavioral, environmental, educational or nutritional factors that significantly increase ~~her~~ their probability of having a low birth weight baby, a preterm birth or other negative birth outcome. "Low birth weight" means a birth weight less than 2500 grams or 5.5 pounds and "preterm birth" means a birth before the gestational age of 37 weeks. The determination of ~~high risk for~~ a member's strengths and needs to mitigate adverse pregnancy outcomes shall be made by use of the ~~risk~~ needs assessment tool under par. (c).

(b) *Outreach*. Outreach is a covered prenatal care coordination service. Outreach is activity which involves implementing strategies for identifying and informing low-income pregnant ~~women~~ persons who otherwise might not be aware of or have access to prenatal care and other pregnancy-related services.

(c) ~~*Risk*~~ *Needs assessment.* A ~~risk~~ needs assessment of a ~~recipient's~~ member's pregnancy-related strengths and needs to mitigate an adverse birth outcome is a covered prenatal care coordination service. The assessment shall be performed by ~~an employee of the certified prenatal care coordination agency or by an employee of an agency under contract with~~ a qualified professional employed by or under contract with the prenatal care coordination provider agency. The assessment shall be completed in writing and shall be reviewed and finalized in a face-to-face contact with the ~~recipient~~ member. All assessments performed shall be reviewed and signed by a qualified professional under s. DHS 105.52 (2) (a). The ~~risk~~ needs assessment shall be performed with the ~~risk~~ needs assessment ~~tool~~ criteria developed and approved by the department.

(d) *Care planning.* Development of an individualized plan of care for a ~~recipient~~ member is a covered prenatal care coordination service when performed by a qualified professional as defined in s. DHS 105.52 (2) (a), whether that person is an employee of the provider agency or under contract with the ~~agency~~ provider under s. DHS 105.52 (2). The ~~recipient's~~ member's individualized written plan of care shall be developed with the ~~recipient~~ member. The plan shall identify the ~~recipient's~~ member's strengths and needs ~~and problems~~ and possible services which will reduce the probability of the ~~recipient~~ member having a preterm birth, low birth weight baby or other ~~negative~~ adverse birth outcome. The plan of care shall include all possible needed services regardless of funding source. Services in the plan shall be related to the risk factors identified in the assessment and necessary to mitigate an adverse birth outcome. To the maximum extent possible, the development of a plan of care shall be done in collaboration with the family or other supportive persons. The plan shall be signed by the ~~recipient~~ member and the ~~employee~~ qualified professional responsible for the development of the plan and shall be reviewed and~~, if necessary,~~ updated by the employee in consultation with the ~~recipient~~ member at least every 60 days. Any updating of the plan of care shall be in writing and shall be signed by the ~~recipient~~ member. The plan of care shall include all of the following:

1. Identification and prioritization of all ~~risks~~ needs found during the assessment, with an attached copy of the ~~risk~~ needs assessment under par. (c)~~;~~.
2. Identification and prioritization of all services to be arranged for the ~~recipient~~ member by the care coordinator under par. (e) 2. and the names of the service providers including medical providers~~;~~.
3. Description of the ~~recipient's~~ member's informal support system, including collaterals as defined in par. (e) 1., and any activities to strengthen it~~;~~.
4. Identification of individuals who participated in the development of the plan of care~~;~~.

5. Arrangements made for and frequency of the various services to be made available to the ~~recipient~~ member and the expected outcome for each service~~;~~.
6. Documentation of unmet needs and gaps in service~~; and~~.
7. Responsibilities of the ~~recipient~~ member.

(e) *Ongoing care coordination.*

1. In this paragraph, “collaterals" means anyone who is in direct supportive contact with the ~~recipient~~ member during the pregnancy such as a service provider, a family member, the prospective ~~father~~ other parent or any person acting as a parent, a guardian, a medical professional, a housemate, a school representative or a friend.
2. Ongoing coordination, either individually or in a group setting, is a covered prenatal care coordination service when performed by an employee of the ~~agency~~ provider or person under contract to the ~~agency~~ provider who serves as care coordinator under s. DHS 105.52 (2a) and who is supervised by the qualified professional required under s. DHS 105.52 (2) (b) 2. The care coordinator shall follow-up the provision of services to ensure that quality service is being provided and shall evaluate whether a particular service is effectively meeting the ~~recipient's~~ member’s needs as well as the goals and objectives of the care plan. The amount of service provided shall be commensurate with the specific risk factors addressed in the plan of care and the overall level of ~~risk~~ need. Ongoing care coordination services include any of the following:
   a. Face-to-face and phone contacts with ~~recipients~~ members for the purpose of determining if arranged services have been received and are effective. This shall include reassessing needs and revising the written plan of care. Face-to-face and phone contact with collaterals are included for the purposes of mobilizing services and support, advocating on behalf of a specific eligible ~~recipient~~ member, informing collateral of member needs and the goals and services specified in the care plan and coordinating services specified in the care plan. Covered contacts also include ~~prenatal care coordination staff time spent on~~ case-specific ~~staffings~~ coordination and collaboration between qualified professionals and care coordinators regarding the needs of a specific ~~recipient~~ member. All billed contacts with a ~~recipient~~ member ~~, or a~~ collateral, and ~~staffings~~ staff collaboration related to the ~~recipient~~ member shall be documented in the ~~recipient~~ member's prenatal care coordination file~~; and~~.

SECTION 22. DHS 107.34 (1) (e) 2. am. is created to read:

DHS 107.34 (1) (e) 2. am. Information and referral provided to members and their families to connect with needed services and supports identified in the assessment and care plan. This may include providing verbal, electronic, or written information and resources to the member for the purposes of fundamental education on the referral resource and how it supports goals from the care plan, and ensuring they have the necessary support, resources, and understanding to access and navigate the resources being provided.

SECTION 23. DHS 107.34 (1) (e) 2. b., (f) (intro.) and 1. to 9., and (g) (intro.) and 1. to 6. are amended to read:

DHS 107.34 (1) (e) 2. b. Recordkeeping documentation necessary and sufficient to maintain adequate records of services provided to the ~~recipient~~ member. This may include verification of the pregnancy, updating care plans, making notes about the ~~recipient's~~ member's compliance with program activities in relation to the care plan, maintaining copies of written correspondence to and for the ~~recipient~~ member, noting of all contacts with the ~~recipient~~ member and ~~collateral~~ collaterals, ascertaining and recording pregnancy outcome including the infant's birth weight and health status and preparation of required reports. All plan of

care management activities shall be documented in the ~~recipient's~~ member's record including the date of service, the person contacted, the purpose and result of the contact and the amount of time spent. A care coordination provider shall not bill for recordkeeping activities if there was no member contact during the billable month.

(f) *Health education*. Health education, either individually or in a group setting, is a covered prenatal care coordination service when provided by an individual who is a qualified professional under s. DHS 105.52 (2) (a) and who by education or at least one year of work experience has the expertise to provide health education. Health education is a covered service if the medical need for it is identified in the ~~risk~~ needs assessment and the strategies and goals for it are part of the care plan to ameliorate a pregnant member's ~~woman's~~ member's identified risk factors in areas including~~, but not limited to,~~ and of the following:

1. Education and assistance to stop smoking~~;~~.
2. Education and assistance to stop alcohol consumption~~;~~.
3. Education and assistance to stop use of illicit or street drugs~~;~~.
4. Education and assistance to stop potentially dangerous sexual practices~~;~~.
5. Education on environmental and occupational hazards related to pregnancy~~;~~.
6. Lifestyle management consultation~~;~~.
8. Reproductive health education~~;~~.
9. Parenting education~~; and~~.

(g) *Nutrition counseling.* Nutrition counseling is a covered prenatal care coordination service if provided either individually or in a group setting by an individual who is a qualified professional under s. DHS 105.52 (2) (a) with expertise in nutrition counseling based on education or at least one year of work experience. Nutrition counseling is a covered prenatal care coordination service if the medical need for it is identified in the ~~risk~~ needs assessment and the strategies and goals for it are part of the care plan to ameliorate a pregnant ~~woman's~~ member's identified risk factors in areas including, but not limited to, the following:

1. Weight and weight gain~~;~~.
2. A biochemical condition such as gestational diabetes~~;~~.
3. Previous nutrition-related obstetrical complications~~;~~.
4. Current nutrition-related obstetrical complications~~;~~.
5. Psychological problems affecting nutritional status~~;~~.
6. Dietary factors affecting nutritional status~~; and~~.

SECTION 24. DHS 107.34 (2) (a) to (e) are amended to read:

DHS 107.34 (2) (a) Reimbursement for ~~risk~~ needs assessment and development of a care plan shall be limited to no more than one each for a ~~recipient~~ member per pregnancy.

(b) Reimbursement of a provider for on-going prenatal care coordination and health education and nutrition counseling provided to a ~~recipient~~ member shall be limited to one claim for each ~~recipient~~ member per month and only if the provider has had contact with the ~~recipient~~ member during the month for which services are billed.

(c) Prenatal care coordination is available to a ~~recipient~~ member residing in an intermediate care facility or skilled nursing facility or as an inpatient in a hospital only to the extent that it is not included in the usual reimbursement to the facility.

(d) Reimbursement of a provider for prenatal care coordination services provided to a ~~recipient~~ member after delivery shall only be made if that provider provided prenatal care coordination services to that ~~recipient~~ member before the delivery.

(e) A prenatal care coordination service provider shall not terminate provision of services to a ~~recipient~~ member it has agreed to provide services for during the ~~recipient's~~ member's pregnancy unless the ~~recipient~~ member initiates or agrees to the termination. If services are terminated prior to delivery of the child, the termination shall be documented in writing and the ~~recipient~~ member shall sign the statement to indicate agreement. If the provider cannot contact a ~~recipient~~ member in order to obtain a signature for the termination of services, the provider will document the reason, as well as all attempts to contact the ~~recipient through telephone logs and certified mail~~ member.

SECTION 25. DHS 107.34 (3) (a) 1. to 4., and (b) to (e) are amended to read:

DHS 107.34 (3) (a) 1. Diagnosis of a physical or mental illness~~;~~.

2. Follow-up of clinical symptoms~~;~~.
3. Administration of medications~~; and~~.
4. Any other professional service, except nutrition counseling or health education, which is a covered service by an MA certified or certifiable provider under this chapter~~;~~.

(b) ~~Client~~ Member vocational training~~;~~.

(c) Legal advocacy by an attorney or paralegal~~;~~.

(d) Care coordination and monitoring, nutrition counseling or health education not based on a plan of care~~;~~.

(e) Care coordination and monitoring, nutrition counseling or health education which is not reasonable and necessary to ameliorate identified prenatal risk factors~~;~~.

SECTION 26. DHS 107.34 (3) (g) to (L) are created to read:

DHS 107.34 (3) (g) (g) Child day care.

(h) Goods and supplies.

(i) Personal care services.

(j) Home health services.

(j) Supportive home care and respite-services.

(k) Collateral contacts regarding non-member-specific issues or general program issues.

(L) Any services which constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs.

SECTION 27. DHS 107.345 is created to read:

DHS 107.345 Child care coordination services.

(1) COVERED SERVICES.

(a) *Definitions.* In this section:

1. "Care coordinator" means an individual who meets the criteria under s. DHS 105.525 (3).
2. "Employee of the child care coordination provider" means a qualified professional or care coordinator employed by, or under contract with, a child care coordination provider certified under s. DHS 105.525.
3. "Qualified professional" means an individual who meets the criteria under s. DHS 105.525 (2).

(b) *General.*

1. Child care coordination services covered by MA are services described in this section that are provided by an employee of the child care coordination provider to help a member, and when

appropriate, the member's family gain access to needed medical, social, educational, and other services identified during the assessment.

2. Child care coordination services are available as an MA benefit to eligible members per s. 49.45 (44), Stats.

(b) *Needs assessment.* A needs assessment of a member's strengths and needs is a covered child care coordination service. The assessment shall be performed by an employee of the child care coordination provider. The assessment shall be completed in writing and shall be reviewed and finalized in a face-to-face contact with the member. The employee and member must sign the finalized assessment. All assessments performed shall be reviewed and signed by a qualified professional under s. DHS 105.525. The needs assessment shall be performed with the needs assessment criteria developed and approved by the department.

(c) *Care planning.*

1. Development of an individualized plan of care for a member is a covered child care coordination service when performed by a qualified professional.
2. The member's individualized written plan of care shall be developed with the member and, to the maximum extent possible, in collaboration with the family or other supportive persons.
3. The plan of care shall be signed by the member, qualified professional, and care coordinator.
4. The plan of care shall be updated by the qualified professional in consultation with the care coordinator when necessary or appropriate, and with the member at least every 60 days during the child's first year of life and a minimum of every 180 days thereafter. All updates shall be made in writing and signed by the member qualified professional, and care coordinator.
5. The plan of care shall include all of the following:
    a. The member's strengths and needs and possible services which will reduce the probability of adverse outcomes.
    b. All possible needed services related to the needs identified in the assessment, regardless of funding source.
    c. Identification and prioritization of all needs found during the assessment, with an attached copy of the needs assessment under par. (b).
    d. Identification and prioritization of all services to be arranged for the member by the care coordinator under par. (b) and the names of the service providers including medical providers.
    e. A description of the member's informal support system, including collaterals as defined in par. (d) 1., and any activities to strengthen it.
    f. Identification of individuals who participated in the development of the plan of care.
    g. Arrangements for various services to be made available to the member, the frequency of those services, and the expected outcome for each service.
    h. Documentation of unmet needs and gaps in service.
    i. Responsibilities of the family and child.

(d) *Ongoing care coordination.*

1. In this paragraph, "collaterals" has the meaning provided in s. DHS 107.34 (1) (e) 1.
2. Ongoing coordination, either individually or in a group setting, is a covered child care coordination service when performed by an employee of the child care coordination provider. The care coordinator shall confirm whether the services referred were provided to the member, and whether the services provided were consistent with the goals and objectives of the member's care plan. The amount of service provided shall be commensurate with the specific factors addressed in the plan of care and the overall level of need. Ongoing care coordination services include any of the following:

a. Information and resources to educate the members and their families about needed services and supports identified in the assessment and care plan. This may include providing information and resources to the member on the referral resource and how it supports goals from the care plan, and ensuring they have the necessary support, resources, and understanding to access and navigate the resources being provided.

b. Face-to-face and phone contacts with members and their families for the purpose of determining if arranged services have been received and are effective. This shall include reassessing needs and revising the written plan of care. Face-to-face and phone contact with collaterals are included for the purposes of mobilizing services and support, advocating on behalf of a specific eligible member, informing collateral of member needs and the goals and services specified in the care plan and coordinating services specified in the care plan. Covered contacts also include case specific coordination and collaboration between qualified professionals and paraprofessional care coordinator staff regarding the needs of a specific member. All billed contacts with a member and their family, collateral contacts, and staff collaboration related to the member shall be documented in the member child's care coordination file.

c. Recordkeeping documentation necessary and sufficient to maintain adequate records of services provided to the member. This may include updating care plans, making notes about the member's compliance with program activities in relation to the care plan, maintaining copies of written correspondence to and for the member, noting of all contacts with the member and collateral, and preparation of required reports. All plan of care management activities shall be documented in the member's record including the date of service, the person contacted, the purpose and result of the contact and the amount of time spent. A child care coordination provider shall not bill for recordkeeping activities if there was no member contact during the billable month.

(2) LIMITATIONS.

(a) Reimbursement for needs assessment and development of a care plan shall be limited to no more than one each for a member per 365 days, regardless of any change in provider during that span.

(b) Reimbursement of a provider for on-going child care coordination provided to a member shall be limited to one claim for each member per month and only after the provider has had contact with the member during the month for which services are billed.

(c) Child care coordination is available to a member as an inpatient in a hospital only to the extent that it is not included in the usual reimbursement to the facility, such as coordinating housing, supplies, or intervention services for the member upon discharge.

(d) A child care coordination service provider shall not terminate provision of services to a member it has agreed to provide services for unless the member initiates or agrees to the termination. If services are terminated, the termination shall be documented in writing and the member shall sign the statement to indicate agreement. If the provider cannot contact a member in order to obtain a signature for the termination of services, the provider will document the reason in the member's file as well as all attempts to contact the member. Nothing in this paragraph shall be construed to limit a member's free choice to seek services from another provider.

(e) When services are provided to multiple members in the same household, a provider may only bill for the actual time spent providing care coordination to each specific member.

(3) NON-COVERED SERVICES. Services not covered as child care coordination services are the following:

(a) Services listed in s. DHS 107.34 (3) (a) to (c), and (f) to (k)

(b) Care coordination and monitoring not based on the plan of care.

(c) Care coordination and monitoring which is not reasonable and necessary to improve child health outcomes.

(f) General classroom instruction and programming commensurate to that licensed or administered by the department of public instruction.

(k) Any other service which is a covered service under this chapter and which is provided by an MA certified or certifiable provider.

(L) Any services which constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs.

SECTION 28. EFFECTIVE DATE. This rule shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22 (2) (intro.), Stats.